

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Dave S. B. Hoon

Serial No: 10/809,965

Confirmation No.: 7891

Filed: March 25, 2004

For: DNA MARKERS FOR MANAGEMENT OF CANCER

Art Unit: 1637

Examiner: S. Chunduru

I hereby certify that this correspondence is being transmitted via electronic filing on the date indicated below to:

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

November 9, 2009

Rebecca Maiden

*Rebecca Maiden* 11/09/09  
Signature Date

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.  
☒ A Request For Continued Examination (RCE) Under 37 CFR § 1.114.  
☒ A Three (3) month Extension of Time.  
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	19	-20	31**	0	LG=\$52 SM=\$26	\$26	\$ 0
INDEPENDENT CLAIMS FEE	11	-3	14***	0	LG=\$220 SM=\$110	\$110	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$270 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ - 0 - to cover the additional claims fee is enclosed.  
☐ A check in the amount of \$ - 0 - to cover the extension fee is enclosed.  
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.  
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By: *Natalie A. Davis*

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for Applicant(s)

Date: November 9, 2009

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